

Evaluation, District Report
SAP Tracking Report Form # 16

ANNUAL DISTRICT TABULATION TOTALS
STUDENT ASSISTANCE REFERRALS
(Reported referrals for substance abuse and high-risk behavior)

School District _____

2005-2006 School Year

Referral Sources	School Personnel	Parents	Self	Peers	Other	Totals
TOTALS						

Total number of Referrals from above chart

Students Served	Total # Students
Caucasian	
Hispanic	
Native American	
Other:	
1.	
2.	

Number of in school student Assessments

a. Substance Abuse Issues _____

b. Safety and Violence Issues _____

Number of students referred
For off campus treatment _____

+++++
DISTRICT OFFERING SUPPORT GROUPS (2005-06) – Please fill out the below information

TOTAL NUMBER of support groups offered:

groups in District _____ total participants _____
 # groups in Elementary _____ total participants _____
 # groups in Mid/Jr. High _____ total participants _____
 # groups in Senior High _____ total participants _____

Please indicate grade level group(s) were offered: **E** – Elementary **M** – Middle School **Jr** – Junior High School **H** – High School

Anger	Grief	School Leadership
Blended Families	Intervention	Self-esteem
Children of Divorce	New Students	Suicide
Co-dependent	Non-use	Teen Parent
Communication	Persons/children of substance abusers	Transition (moving, drop-out)
Cultural Transition	Physically and sexually abused	Users
Eating Disorders	Recovery/sobriety	Other
General concern/personal growth	Relationships	Other

DISTRICT Student Support Group Year-End Evaluation

Submit with Evaluation a **Separate Total District Report** for **each** school level.

Check the School level of these results:

(please place a zero by the school level if your district does not offer group at that particular level)

Elementary _____

Jr/Middle _____

High School _____

DISTRICT TOTAL GROUP EVALUATION RESULTS PER SCHOOL LEVEL

What effect has the student support group had:

Total # Total #
Yes No

1.	Increased your ability to find new positive ways to deal with problems		
2.	Increased your feelings of self-worth (how I feel about myself)		
3.	Positive effect on school attendance		
4.	Positive effect on overall school work		
5.	If you have considered dropping out of school, have the group sessions helped you stay in school?		
6.	Have you used tobacco, alcohol or other drugs?		

If #6 is yes, what effect has the support group had upon your use of tobacco, alcohol or other drugs? (Place **totals** in appropriate box below)

Tobacco		Alcohol		Other Drugs	
	Have stopped using		Have stopped using		Have stopped using
	Have decreased my use		Have decreased my use		Have decreased my use
	No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems
	No effect upon my use		No effect upon my use		No effect upon my use



**DISTRICT TOTAL ELEMENTARY SUPPORT GROUP
YEAR-END EVALUATION**
(Submit this form with Evaluation)

District TOTAL Group Evaluation Results for Elementary

	Group Has Had An Effect On:	Total Number YES	Total Number NO
1.	Finding positive new ways to deal with your problems		
2.	Your feelings about yourself		
3.	Making good friendships		
4.	Getting along with other students		
5.	Your attendance at school		
6.	Your school work and grades		
7.	Your attitude toward school		

DISTRICT TOTAL PRESCHOOL AND ELEMENTARY STUDENT SURVEY
(Submit Form with Evaluation)

1, Color a face that shows how you felt before you started coming to this group.

HAPPY	SAD	MAD	AFRAID
			
Total # _____	Total # _____	Total # _____	Total # _____




2. Color a face that shows how you felt after coming to this group.

HAPPY	SAD	MAD	AFRAID
			
Total # _____	Total # _____	Total # _____	Total # _____

3. Color a face that shows how you feel about yourself now.

HAPPY	SAD	MAD	AFRAID
			
Total # _____	Total # _____	Total # _____	Total # _____

4. Color a face that shows how you think you will feel next week.

HAPPY	SAD	MAD	AFRAID
			
Total # _____	Total # _____	Total # _____	Total # _____

5. Color a face that shows if you want to be in a group again.

HAPPY	SAD	MAD	AFRAID
			
Total # _____	Total # _____	Total # _____	Total # _____

You may tabulate total district responses for preschool/elementary schools on this form!

Evaluation, District CWR Form
TRACKING REPORT FORM # 16D
 2005-2006 School Year

Community Resource Workers
ANNUAL DISTRICT TABULATION TOTALS

District _____

REFERRAL SOURCES	Number of students referred	Number of referred screening completed	Number referrals made to Emergency Assistance	Number of completed interventions	Number of families who decline services	Totals
3-4 years of age						
5 years of age						
First grade						
Second grade						
Third grade						
Fourth grade						
Fifth grade						
Sixth grade						
Others include Grade level						
TOTALS						

Total number from above chart

Students Served	Total # Students
Caucasian	
Hispanic	
Native American	
Asian	
Other	
1.	
2.	
3.	
4.	
5.	
6.	

Additional SDFS Report Required for CRW

- Job Description
- Summary data sheet of services provided
- Minutes of monthly consultation meetings (no name included)
- Goal and objective page for application
- Outcomes recorded on goal page

STUDENT ASSISTANT PROGRAM GROUP EVALUATION

STUDENT SURVEY

Group name _____ # of sessions attended _____

School _____

Grade: Elem _____ Jr/Middle _____ High School _____

What effect has the student support group had:

(Please place ✓ check in box)

Yes

No

1.	Increased your ability to find new positive ways to deal with problems		
2.	Increased your feelings of self-worth (how I feel about myself)		
3.	Positive effect on school attendance		
4.	Positive effect on overall school work		
5.	If you have considered dropping out of school, have the group sessions helped you stay in school?		
6.	Have you used tobacco, alcohol or other drugs?		

If #6 is yes, what effect has the support group had upon your use of tobacco, alcohol or other drugs?
(Please place ✓ in appropriate box below)

Tobacco		Alcohol		Other Drugs	
	Have stopped using		Have stopped using		Have stopped using
	Have decreased my use		Have decreased my use		Have decreased my use
	No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems		No effect upon my use but am more aware of the problems
	No effect upon my use		No effect upon my use		No effect upon my use

Thank you

STUDENT ASSISTANT PROGRAM SUPPORT GROUP EVALUATION

Elementary School Student Survey

School _____

Group Name _____

Date _____

	Group Has Had An Effect On:	YES	NO
1.	Finding positive new ways to deal with your problems		
2.	Your feelings about yourself		
3.	Making good friendships		
4.	Getting along with other students		
5.	Your attendance at school		
6.	Your school work and grades		
7.	Your attitude toward school		

STUDENT ASSISTANCE SUPPORT GROUP EVALUATION

Preschool and Elementary Student Survey

School _____ Group _____ Date _____

1. Color a face that shows how you felt before you started coming to this group.

HAPPY



SAD



MAD



AFRAID



2. Color a face that shows how you felt after coming to this group.

HAPPY



SAD



MAD



AFRAID



3. Color a face that shows how you feel about yourself now.

HAPPY



SAD



MAD



AFRAID



4. Color a face that shows how you think you will feel next week.

HAPPY



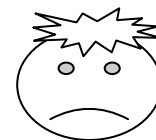
SAD



MAD



AFRAID



5. Color a face that shows if you want to be in a group again.

HAPPY



SAD



MAD



AFRAID

